

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF NEW MEXICO

STATE OF NEW MEXICO, *ex rel.*  
State Engineer

Plaintiff,

vs.

ROMAN ARAGON, *et al.*,

Defendants.

69cv07941-BB

RIO CHAMA STREAM SYSTEM  
Sections 7: Rito de Tierra Amarilla,  
Rio Brazos, Rutheron & Plaza Blanca,  
Cañones Creek, Village of Chama

**CERTIFICATE OF SERVICE**

Edward G. Newville, attorney for the Plaintiff State of New Mexico, *ex rel.* State Engineer states that pursuant to Fed. R. Civ. P 4(e)(1) and the New Mexico Rules of Civil Procedure 1-0004(E)(3) the following Defendants were served with process in the above-captioned matter. Service was made by certified mail (restricted delivery) addressed to the named Defendants. A copy of the Defendant's signature receipt is attached as an exhibit hereto.

Defendant

Subfile

Date of Signed Receipt

Maximiliano Rivas

CHCV-003-0039C

July 17, 2007

Dated: August 7, 2007

Respectfully submitted.

/s/ Ed Newville

EDWARD G. NEWVILLE  
Special Assistant Attorney General  
Office of State Engineer  
P.O. Box 25102  
Santa Fe, NM 87504-5102  
(505) 867-7444 phone

(505) 867-2299 facsimile

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that on the 7th day of August, 2007 I filed the foregoing electronically through the CM/ECF system which caused the parties on the electronic service list, as more fully set forth in the Notice of Electronic Filing, to be served via electronic mail.

/s/ Ed Newville  
EDWARD G. NEWVILLE

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

MAXIMILIANO RIVAS  
PO BOX 634  
CHAMA, NM 87520

**RESTRICTED  
DELIVERY**

CHCV-002-00394C

## 2. Article Number

(Transfer from service label)

7099.3220.0004.0767.5963

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

X

☐ Agent

☒ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

7-17-07

D. Is delivery address different from item 1? ☒ Yes

If YES, enter delivery address below: ☒ No

Max Rivas  
PO Box 634

## 3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☒ Yes

Domestic Return Receipt

102595-02-M-1540